

HERSHKOVITZ & ASSOCIATES, LLC 2845 DUKE STREET ALEXANDRIA, VA 22314 703-370-4800

In re application of Application No. : Ki IL KIM : 10/773.606 Docket No.: PK107441 Group Art Unit:

Filed

: February 6, 2004

Examiner: Tran, Tuan A

For

: MOBILE COMMUNICATION AND STETHOSCOPE SYSTEM

COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address in the above-captioned application.

The fee has been calculated as shown below:

| Claims After | No. of Claims | Present | Small Entity | | Large E | Large Entity | |
|-------------------------------------|-----------------|---------|--------------|-----|---------|--------------|--|
| Amendment | Previously Paid | Extra | | | | | |
| | | | Rate | Fee | Rate | Fee | |
| *Total Claims: | | | x 26= | \$ | x 52= | \$ | |
| **Indep. Claims: | | | x 110= | \$ | x 220= | \$ | |
| Multiple Dependent Claims Presented | | | +195= | \$ | +390= | \$ | |
| Extension Fees for Month | | | | \$ | | \$ | |
| | | | | \$ | | \$ | |
| | | | Total: | \$0 | Total: | \$ | |

^{*} If less than 20, write 20

- __Please charge my Deposit Account No. 50-2929 in the amount of \$.
- _ A Check in the amount of \$ _ to cover the necessary fee is included.
- The U.S. Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2929:
 - ___ Any additional filing fees required under 37 C.F.R. 1.16.
 - Any patent application processing fees under 37 C.F.R. 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1.136/km/3).

February 4, 2009

Date

Abraham Hershkovitz Reg. No. 45,294

^{**}If less than 3, write 3